State of New Jersey

Department of Military and Veterans Affairs
Division of Veterans Healthcare Services
P.O. BOX 340, Eggert Crossing Road
Trenton, New Jersey 08625-0340

APPLICATION FOR ADMISSION
to a
NEW JERSEY VETERANS MEMORIAL HOME

(Instructions for Completing Application)

This application for admission to a New Jersey Veterans Memorial Home consists of sixteen (16) parts. The **applicant** or their **responsible agent** must complete each section in ink, or a typewriter may be used. A **physician** or **financial institution** must complete where indicated; and a **notary public** must certify the indicated sections.

Part 1	-	Personal Information
Part 2	-	Military Service Information
Part 3	-	Eligibility Requirements
Part 4	-	Health Care Information
Part 5	-	Insurance Information
Part 6	-	Advance Directive Information
Part 7	-	Emergency Contact Information
Part 8	-	Burial Arrangements
Part 9	-	Authorization for Disclosure of Protected Health Information
Part 10	-	Medical Information (to be completed by your **physician**)
Part 11	-	Patient Information (to be completed by your **physician**)
Part 12	-	Financial Information
Part 13	-	Affidavit Regarding Income Tax Return (must be **notarized**)
Part 14	-	Financial Release Request (to be completed by your **financial institution**)
Part 15	-	Durable Power of Attorney (must be **notarized**)
Part 16	-	Certification (must be **notarized**)

APPLICATION FOR ADMISSION
to a
NEW JERSEY VETERANS MEMORIAL HOME
(Instructions for Completing Application)

-continued-

Appendix A - New Jersey Administrative Code (N.J.A.C.) 5A: 5 – Chapter 5

Appendix B - Notice of Information Practices – Resident's Privacy Rights - HIPAA Information

Appendix C - Calculating Financial Costs – An Overview

►The information requested is necessary to determine your eligibility for admission to a New Jersey Veterans Memorial Home in accordance with New Jersey Administrative Code 5A: 5 – Chapter 5.

►Please **PRINT OUT** this application, fill in all the required information in **ink** (or use a typewriter), and then **mail** the completed application to the Veterans Memorial Home to which you want to apply.

►If the required information is not furnished, the application will not be processed until the entire application is completed. This will delay admission. Failure to inform the facility of any change of address or telephone number could cancel the admission process entirely.

►Please review the **"Work-Sheet"** at the back of this application for a check-off list of documents that must be submitted with this application.

To establish the basic eligibility of all applicants, the following documentation is required:

- Proof of an other than dishonorable discharge (e.g. DD-214)
- Birth certificate
- Verification of marital status (e.g. marriage certificate, divorce papers)
- Verification of New Jersey residency
- Proof that the person has Medicare Part A and Part B
- Proof that the person has other health insurance(s) including supplemental health insurance
- Financial eligibility (please see Parts 12, 13, 14, and Appendix C of this application)
- **Medical information**, including but not limited to:
    - History and Physical examination (recent)
    - List of current medications, dosage, frequency
    - List of current treatments person is receiving
    - List of current laboratory reports, test results (e.g. CAT scan, MRI, EKG, Holter Monitor)
    - List of any surgical procedures, date procedure was performed, and prognosis
    - Discharge summaries from any recent hospitalizations
    - Assessment data and progress notes from Assisted Living or Adult Day Care
    - Most recent Minimum Data Set (MDS) Assessment from a current or prior nursing facility
    - Persons with a Pacemaker or Defibrillator must submit all information regarding the specific device (or a copy of the accompanying booklet)
    - Persons on Dialysis must arrange for transfer to a Dialysis Center near the Veterans Memorial Home they wish to enter
    - Persons with a Psychiatric Diagnosis must submit a recent, full Psychiatric Evaluation (DMS-IV Multiaxial System)
    - Date and result of most recent PPD (TB) test
    - Date of last tetanus, influenza, and pneumonia immunizations

►Please Note that if the person is currently receiving **Hospice services**, these Hospice services can be continued in the Veterans Memorial Home.

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-continued-

PLEASE NOTE: Only the original application, with original signatures and original notary stamps, will be accepted and must be mailed directly to the facility of choice:

New Jersey Veterans Memorial Home at MENLO PARK
Attention: Social Service Department
P.O. Box 3013, 132 Evergreen Road
Edison, New Jersey 08818-3013
Main Telephone: (732) 452-4100
Admissions Officer: (732) 452-4272

New Jersey Veterans Memorial Home at PARAMUS
Attention: Social Service Department
P.O. Box 608, 1 Veterans Drive
Paramus, New Jersey 07653-0608
Main Telephone: (201) 634-8200
Admissions Officer: (201) 634-8435

New Jersey Veterans Memorial Home at VINELAND
Attention: Social Service Department
524 Northwest Boulevard
Vineland, New Jersey 08360-2895
Main Telephone: (856) 405-4200
Admissions Officer: (856) 405-4217 or 4307

Thank you for your interest in our three New Jersey Veterans Memorial Homes. Please do not hesitate to call us at one of the above telephone numbers if you have additional questions.

"SERVING THOSE WHO SERVED"

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State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
APPLICATION FOR ADMISSION

NO INDIVIDUAL WILL, ON THE GROUNDS OF RACE, COLOR, CREED, AGE, SEX, DIFFERENTLY ABLED, NATIONAL ORIGIN OR ABILITY TO PAY, BE DENIED ADMISSION, CARE OR ANY OTHER BENEFIT PROVIDED BY THE NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS.

PART 1 – PERSONAL INFORMATION

NAME (Last) (First) (Middle)		SOCIAL SECURITY NUMBER _____ - _____ - _____
ADDRESS		TELEPHONE NUMBER ( ) -
CITY	COUNTY	ZIP CODE
PRESENT LOCATION	DATE OF BIRTH _____/_____/_____	SEX: (M) ☐ (F) ☐ RACE _____
ADDRESS	PLACE OF BIRTH	RELIGION

MARITAL STATUS (Verification Required)

Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legal Separation ☐ (How Long? _____ years)

NAME OF SPOUSE	SPOUSE'S SOCIAL SECURITY NUMBER _____ -_____ - _____
SPOUSE'S ADDRESS	DATE OF BIRTH ____/_____/_____
PLACE OF MARRIAGE	DATE OF MARRIAGE _____/_____/_____

PART 2 - MILITARY SERVICE INFORMATION
(IMPORTANT: Attach Copy of Release or Military Discharge)

BRANCH AND SERVICE NUMBER	DATE AND PLACE OF ENLISTMENT	DATE AND PLACE OF DISCHARGE	TYPE OF DISCHARGE

Do you have any service-connected disability? ☐ YES ☐ NO

Percentage of Disability _____ Monthly Award $ _____

Are you registered in the U.S. Veterans Administration System? ☐ YES ☐ NO

VETERAN'S CLAIM NUMBER:

PART 3 - ELIGIBILITY REQUIREMENTS

In compliance with the eligibility requirement, I do hereby apply for admission to the _____ veterans' long-term care facility and declare the following statements and information to be true. I am applying as a:

Veteran ☐ N.G. ☐ Reserve Component ☐ Gold Star Parent ☐ Widow-Widower ☐ Spouse ☐

RESIDENCE CERTIFICATE FOR THE STATE OF NEW JERSEY

I, the undersigned, am a resident of the State of New Jersey in accordance with N.J.A.C. 5A: 5.

_____ _____

Applicant's Signature Date

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PART 4 – HEALTH CARE INFORMATION

HAVE YOU BEEN A PATIENT IN A HEALTH CARE FACILITY WITHIN THE LAST SIX MONTHS?

☐ YES ☐ NO IF yes, explain: _____

_____

FACILITY: _____

ADDRESS:_____

DATE OF ADMISSION: _____/_____/_____

DISCHARGE:_____/_____/_____

NAME OF PHYSICIAN: _____ PHYSICIAN'S PHONE #: _____

PART 5 - INSURANCE INFORMATION

APPLICANT'S MEDICARE # _____ EFFECTIVE DATE: _____/_____/_____ PART A_____ PART B_____ PART D_____	SPOUSE'S MEDICARE # _____ EFFECTIVE DATE: _____/_____/_____ PART A _____ PART B_____ PART D _____
OTHER MEDICAL/ LTC/ PDP Insurance: _____ I.D. #: _____ INSURANCE CO. NAME: _____	OTHER MEDICAL/ LTC/ PDP Insurance: _____ I.D. #: _____ INSURANCE CO. NAME: _____

LIST INSURANCE POLICIES WHICH YOU AND/OR YOUR SPOUSE HAVE: (burial, life, long term care)
Give name of the company, the face and/or current cash value.

_____

PART 6 – ADVANCE DIRECTIVE INFORMATION

Type of Advance Directive _____ Special Instructions:	Legal Guardian _____ Power of Attorney _____ Conservator _____

PART 7 - EMERGENCY CONTACT

PERSON TO BE NOTIFIED IN AN EMERGENCY. (List two. If applicant has a guardian, conservator, or power of attorney, copies of the legal documents establishing such authority must be attached.)

NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE:	RELATIONSHIP: _____ WORK PHONE NUMBER: ( ) - HOME PHONE NUMBER: ( ) - CELL PHONE NUMBER: ( ) -
NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE:	RELATIONSHIP: _____ WORK PHONE NUMBER: ( ) - HOME PHONE NUMBER: ( ) - CELL PHONE NUMBER: ( ) -

PART 8 - BURIAL ARRANGEMENT

NAME OF UNDERTAKER: _____

ADDRESS:_____

PHONE NUMBER: ( )_____-_____

Person responsible for funeral expenses:

_____ _____
(Print Name) (Signature)

Address: _____

Relationship to Resident _____ Telephone: Home ( )_____ Work ( ) _____

Do you have a Will? _____ Yes _____ No Executor's Name: _____

Executor's Address:

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 9 – AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

New Jersey Veterans Memorial Home at Menlo Park	New Jersey Veterans Memorial Home at Paramus	New Jersey Veterans Memorial Home at Vineland
132 Evergreen Road, P.O. Box 3013	1 Veterans Drive, P.O. Box 608	524 North West Boulevard
Edison, New Jersey 08818-3013	Paramus, New Jersey 07653-0608	Vineland, New Jersey 08360-2895
☐	☐	☐

(Please check the box below the Home to which you are applying.)

I, _____, hereby authorize disclosure of the following protected health information regarding:_____,
Date of Birth:_____ Social Security Number:_____,
Home Address:_____ City:_____ ,
to the **Director of Social Services** at the New Jersey Veterans Memorial Home (checked above), for the purpose of applying for admission to their long-term care facility.

Please send copies of the following:

- **History and Physical Examination** (current – within the past 30 days, listing Primary Diagnosis, Secondary Diagnosis, Tertiary Diagnosis - mandatory)
- **List of Current Medications, Dosage, Frequency** (current – within the past 30 days - mandatory)
- **Social History / Social Assessment** (current – within the past 30 days - mandatory)
- **Laboratory Test Results**
- **X-Ray Interpretations**
- **EKG Tracings and Interpretations**
- **Surgical History** – Name of Procedure, Date Procedure Performed, Prognosis
- **Infectious Diseases History** (please specify)
- **Psychiatric Diagnoses and Current Treatment**
- **History of Drug and/or Alcohol Abuse and Current Treatment**
- Other (specify):_____

If applicant is currently residing in, or being cared for by another facility, please also provide:

- Physician's Progress Notes (current)
- Nurse's Notes (current)
- Minimum Data Set (MDS) – (current)
- Resident's Care Plan – (current)
- Physician's Orders – (current)
- Assessment Data from Adult Day Care or Assisted Living Facility (if applicable)
- Pacemaker or Defibrillator information
- Date/result of PPD (TB test)
- Discharge Summary – Face Sheet (if applicant has been recently discharged from a facility)

This authorization is subject to revocation at any time except to the extent that the facility has already taken action in reliance on it. If not previously revoked, this authorization will terminate within 90 days from the date of signature. Refusal to give this authorization of disclosure will not result in withholding of care or treatment. The applicant or undersigned agent may inspect the information to be disclosed.

Signed:_____ Date:_____
(☐) Applicant (☐) Legal Guardian (☐) Power of Attorney (☐) Next of Kin (☐) Other

Witness' Name:_____ Signature:_____
For VERBAL CONSENT, a second witness is required:

Witness' Name:_____ Signature:_____

"This information has been disclosed from records protected by Federal Confidentiality Rules (42 CFR Part 2). These rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse by a resident."

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State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 10 - MEDICAL INFORMATION
(IMPORTANT: This information MUST be completed by a Physician)

PATIENT'S NAME:

SS#: _____ - _____ - _____	AGE:	HEIGHT:	WEIGHT:

GENDER: Male ( ) Female ( ) RACE:

PAST HISTORY (ILLNESS, OPERATIONS, HOSPITALIZATIONS): (Please add additional sheets as necessary)

We particularly need **functional data**, such as ability to walk, stand, stoop, lift, use hands, etc. as much or more than the primary diagnosis. For example: (1) Arteriosclerotic Heart Disease - functional class? What limitations does person have?
(2) Osteoarthritis of spine - functional status, amount of disability in function of back or limitation of motion?

Are you now treating, or have you treated this patient in the past year? ☐ YES ☐ NO

1. PRESENT CONDITION AS COMPARED TO ANY PREVIOUS EXAMINATION:
_____
_____
_____

It is expected that the applicant's condition within the next 6 months will: _____ Improve _____ Remain Static _____ Deteriorate

2. DOES THIS PATIENT HAVE/HAD ANY INFECTIOUS CONDITION (S)? (Give Diagnosis, Treatment and Prognosis)_____
_____
_____
_____

P.P.D TEST DATE: ____/____/____ RESULTS:_____MM PNEUMO VAX - DATE RECEIVED: ___ /___ /____
FLU VACCINE – DATE RECEIVED: ____ /____ /_____

History of : **MRSA:** ☐ Yes ☐ No **VRE:** ☐ Yes ☐ No **C. DIFFICILE:** ☐ Yes ☐ No

3. PRIMARY DIAGNOSIS:_____
_____
_____

PATIENT UNDERSTANDS DIAGNOSIS: ☐ YES ☐ NO

DRUGS AND OTHER THERAPY

MEDICATIONS AND DOSAGE:

ALLERGIES:

REHABILITATION POTENTIAL:

Is the applicant at his/her maximum level of functioning? _____ Yes _____ No
If not, what improvements are expected in functional capacity and self-care ability? _____
_____
(a) Therapies (P.T., O.T., Speech, Hemodialysis, Chemo, Radiation)? _____
(b) Level of function to be attained? _____
(c) Length of time it is expected to take to arrive at this level? _____

_____	_____
Physician's Signature	**Physician's Name – PLEASE PRINT**
_____	_____
Physician's Address	**Date This Form Was Completed**

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PART 11 - PATIENT INFORMATION
(IMPORTANT: This information MUST be completed by a Physician)

SELF CARE STATUS Check level of ability.		Independent	Needs Assistance	Unable to do
BED ACTIVITY	Turns	☐	☐	☐
	Sits	☐	☐	☐
PERSONAL HYGIENE	Face, Arms, Hair	☐	☐	☐
	Trunk & Perineum	☐	☐	☐
	Lower Extremities	☐	☐	☐
	Bladder Program	☐	☐	☐
	Bowel Program	☐	☐	☐
FEEDING		☐	☐	☐
TRANSFER	Sitting	☐	☐	☐
	Standing	☐	☐	☐
	Tub	☐	☐	☐
	Toilet	☐	☐	☐
LOCOMOTION	Wheelchair	☐	☐	☐
	Walking	☐	☐	☐
	Stairs	☐	☐	☐
DRESSING		☐	☐	☐

ADDITIONAL PERTINENT INFORMATION

Explain necessary details of care, diagnosis, medication, treatments, prognosis, teaching, habits, and preferences.

_____
_____
_____
_____

Does this person need a locked/secured unit?

☐ YES ☐ NO

SLEEPING HABITS

___ Normal ____ Awake frequently at night ____ Day Naps
___ Difficulty falling asleep
____Other problems_____

SOCIAL INFORMATION

Adjustment to disability, emotional support from family, motivation for self-care, socializing ability, financial plan, family health problems, etc.

_____

BEHAVIOR:

____ Alert ____ Confused
____ Oriented to Time, Place, Person
____ Forgetful ____ Short Term Memory Deficit
____ Long Term Memory Deficit ____ Suspicious
____ Withdrawn ____ Noisy ____ Belligerent
____ Combative ____ Wanders
____ Smoking ____ Substance Abuse

SIDE RAILS _____ **YES** _____ **NO**

CHECK IF PRESENT

____ Amputation
____ Paralysis
____ Contracture
____ Decub. Ulcer

IMPAIRMENTS

____ Mentality
____ Speech
____ Hearing
____ Vision
____ Sensation

INCONTINENCE

____ Bladder
____ Bowel
____ Saliva

		HAS	NEEDS
	Glasses		
	Hearing Aids		
	Dentures		
	Walker		
	Cane		
	Wheelchair		

MOUTH

☐ Natural teeth
☐ Edentulous
☐ Dentures
☐ Upper
☐ Lower

COMMUNICATION ABILITY:

	YES	**NO**
Can speak	_____	_____
Can write	_____	_____
Understands speaking	_____	_____
Understands writing	_____	_____
Understands gestures	_____	_____
Understands English	_____	_____

If no, state language spoken:

DIET RESTRICTIONS

_____ Regular _____ Low Salt _____ Diabetic
_____ Low Residue _____ Bland
_____ Tube feeding _____ Other (specify)

ADAPTIVE EQUIPMENT

_____ Oxygen _____ Urinary Catheter _____ Colostomy
_____ Cane _____ Crutches _____ Prosthesis _____ Walker
_____ Wheelchair _____ Special Bed _____ Other

SOCIAL ACTIVITIES

_____ Encourage Group _____ Individual
_____ Within Home _____ Outside Home

	Independent	**Assistance**	**Unable**
Walks 300'	____	____	____
Administers Medications	____	____	____
Handles Own Finances	____	____	____

DIALYSIS PATIENT? ____ **YES** ____ **NO**

Frequency of dialysis treatments?

Dialysis Center:

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PART 12 - FINANCIAL INFORMATION

NAME:

GIVE SOURCE AND AMOUNT OF INCOME PER MONTH FOR YOU AND/OR YOUR SPOUSE

VETERANS ADMINISTRATION	PERCENT OF COMPENSATION	SOCIAL SECURITY
_____ Pension: $ _____ _____ Compensation: $_____	Disability: _____% Monthly Award: $_____	Applicant: $_____ Spouse: $_____

RAILROAD RETIREMENT:	OTHER PENSION OR RETIREMENT:
Applicant $_____ Spouse $_____	Applicant $_____ Spouse $_____
INTEREST/DIVIDENDS:	**OTHER INCOME: (Employment)**
Applicant $_____ Spouse $_____	Applicant $_____ Spouse $_____

If separated, do you contribute to spouse's support? _____ Yes _____ No
Amount contributed to spouse's support: $_____

NOTE: Please provide copies of the following applicable documents for the previous 36 months immediately prior to the application date.

	CURRENT CASH VALUE BALANCE AS OF Month _____ Year _____		ACTUAL ESTIMATED ANNUAL INCOME FROM ASSETS/SOURCES	
	APPLICANT	**SPOUSE/OTHER**	**APPLICANT**	**SPOUSE/OTHER**
Trust Fund/Income:	$	$	$	$
Legal Settlements: ( ) Yes ( ) No				
TAX DEFERRED INVESTMENTS:				
IRAs Maturity Date: _____				
KEOGH Maturity Date: _____				
BONDS/NOTES List: _____				
ANNUITIES List: _____				
OTHER List: _____				
TAXABLE INVESTMENTS:				
STOCKS/DIVIDENDS List: _____				
BONDS/INTEREST List: _____				
OTHER SECURITIES List: _____				
List: _____				
Savings Accounts Total:				
Checking Accounts Total:				
Money Market Accounts Total:				
(Total Investment _____)				
CD's Cash Value Total:				
(Total Investment _____)				
Safety Deposit Box Valued Assets Total:				
Real Estate Value (Other than Primary Residence:)				
Real Estate Rental Incomes:				
Vehicles (other than primary)				
List #1: _____				
List #2: _____				
List Other Assets and Cash Values:				
1. _____				
2. _____				
3. _____				
TOTAL ASSETS/INCOME:	$	$	$	$

NOTE WELL

FEDERAL AND STATE INCOME TAX REPORTS FOR PREVIOUS 3 YEARS ARE REQUIRED. In a trust or transfer of assets, which occurred within 36 months of the application, the value of that trust and/or assets will be deemed an accountable asset for the balance of the 36-month period. The applicant will be required to pay the actual cost for services and/or delay admission for the balance of the 36-month period.

I certify that all accounts are accurately listed as of this date.

_____ Signature

_____ Date

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State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 13 - AFFIDAVIT REGARDING INCOME TAX RETURN

This will serve to affirm that I, _____ and/or
(Applicant's Name Please Print)

my spouse, _____ are (exempt) (non exempt)
(Name of Spouse Please Print) (Please Circle Correct Answer)

from a federal and state income tax return due to the level of my/our income and assets.

I further authorize that this information be verified and released to the New Jersey Veterans Memorial Home upon their request, by the New Jersey Division of Taxation.

SIGNED: _____
(Signature of Applicant)

_____
(Signature of Spouse)

SWORN AND SUBSCRIBED TO ME THIS

_____ DAY OF _____ , YEAR OF _____.

_____
Notary Public Signature

Affix Seal

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State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 14 – FINANCIAL RELEASE REQUEST

_____/_____/_____
DATE

_____
Financial Institution

_____
Address

_____
City, State, Zip Code

Owners: _____

_____

_____

_____

Social Security Number _____-_____-_____
(Applicant)

Social Security Number _____-_____-_____
(Spouse)

Social Security Number _____-_____-_____
(Other)

Dear Sir/Madam:

Please provide us with information on all accounts that were or are now being held by your institution for the above referenced applicant from_____ to the present.

TYPE OF ACCOUNT	ACCOUNT NUMBER	36-MONTH HIGH BALANCE & DATE	AVERAGE BALANCE	CURRENT BALANCE

_____ _____/_____ _____
Date Signature of Bank Official (Please Print Name) Telephone Number

Your prompt response to this request is greatly appreciated.

☐
Joseph Brandspiegel, CEO
Menlo Park Veterans Memorial Home
132 Evergreen Road, P.O. Box 3013
Edison, New Jersey 08818-3013
(732) 452-4100

☐
Doris Neibart, CEO
Paramus Veterans Memorial Home
1 Veterans Drive, P.O. Box 608
Paramus, New Jersey 07653-0608
(201) 634-8200

☐
Joseph Romano, CEO
Vineland Veterans Memorial Home
524 North West Boulevard
Vineland, New Jersey 08360-2895
(856) 405-4200

AUTHORIZATION
I authorize the financial institution named above to supply any information regarding my/our accounts as requested by the New Jersey Veterans Memorial Home checked above.

Date:_____ NAME:_____

SIGNATURE:_____

Date:_____ NAME:_____

SIGNATURE:_____

PART 15 – DURABLE POWER OF ATTORNEY FOR MEDICAL CARE AND FINANCIAL MATTERS

New Jersey law recognizes Powers of Attorney or Advance Directives as legal documents, which indicate an individual's medical treatment or financial preferences.

As a competent adult, you have the right to make decisions about your health care and financial welfare. However, should you become severely incapacitated, either physically or mentally, you might be unable to make these decisions for yourself. In such an event, those responsible for your care would try to make decisions based upon what they know of your wishes. A Power of Attorney or Advance Directive is designed to provide guidance in such circumstances. A Power of Attorney may help doctors and other caregivers to provide the desired and most appropriate level of care for you.

In **Section B** you may include or exclude any specific life-sustaining procedure or treatments. You should consult with your physician if you have questions. Select either 1 or 2 but not both. Option 3 can be selected with either choice.

In **Section C** you may specify in more detail the conditions in which you choose to forgo life-sustaining measures. This can be a statement of your values and the quality of life that is acceptable to you. You may want to include your wishes regarding artificially administered fluids and nutrition. You may want to include your wishes regarding at home or hospital care at the end of life or you might wish to give more specific instructions. If you need more space than is provided, you can attach an additional statement to the Directive.

In **Section D** you may authorize that your representative assume financial responsibilities for your welfare.

In **Section E** you have the opportunity to designate a representative to help make decisions for you in the event you are incapacitated. This individual should make decisions in accordance with your wishes. If your wishes are not clear, or a situation arises that was not anticipated, the representative is expected to make decisions in your best interest based on what is known of your wishes. It is important that you discuss these matters in advance with the designated representative. You do not need an attorney or a physician to complete an Advance Directive, although you may wish to consult with one. You may have your Advance Directive witnessed by two adults or you may have it notarized. If you designate a representative he or she cannot be a witness. After completing the form, share it with family members, your doctors, friends and other persons who should know your health care preferences. Review your Advance Directive periodically to make sure it still expresses your intent, then initial and date your review.

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PART 15 – DURABLE POWER OF ATTORNEY FOR MEDICAL CARE AND FINANCIAL MATTERS

SUGGESTED TOPICS TO DISCUSS WITH YOUR HEALTH CARE REPRESENTATIVE/PHYSICIAN

Before designating a health care representative, you should discuss your beliefs and wishes with her/him and your physician. To stimulate discussion and clear understanding, we suggest you consider the following questions:

1. Do you think you want to have any of the following medical treatments performed on you (1) as temporary treatments, (2) as life prolonging measures - with no reasonable expectation of recovery?

   A. Cardiopulmonary resuscitation (CPR) (an emergency, temporary measure used if the heart stops beating).

   B. Respirator (machine used if you are unable to breathe on your own).

   C. Artificial nutrition (liquid food delivered by tube if you are unable to eat food).

   D. Artificial hydration (fluid delivered into your vein if you are unable to drink fluids).

   E. Kidney Dialysis (machine used if your kidneys stop working).

2. Do you want to donate parts of your body to someone in need at the time of your death (Organ Donation)?

3. How important is independence and self-sufficiency in your life? Ability to communicate, perform personal hygiene, ability to move independently, to be aware and interactive with people and surroundings?

4. What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

5. How do you feel about the use of life prolonging measures in the face of (A) terminal illness, (B) persistent vegetative state (Karen Ann Quinlan), (C) Alzheimer's Disease, and (D) Chronic neurological disorder?

6. Do you wish to make any general comments about your attitude toward illness, dying and death?

7. How do your religious beliefs affect your attitude and decisions regarding medical treatment?

8. Do you expect that your friends, family and/or others will support your decisions regarding medical treatment?

9. What does the phrase "meaningful quality of life" mean to you?

If, over time, your beliefs and/or decisions change, you should inform your health care representative, physician, and make appropriate changes to your Advance Directive or execute a new document and distribute the updated version to the appropriate individuals.

POWER OF ATTORNEY FOR HEALTH CARE AND FINANCIAL MATTERS

This Power of Attorney form is one of the many forms which are available. Others are equally valid. Completion of a Power of Attorney is voluntary. Your admission is not contingent upon your completion of a Power of Attorney. Please consider whatever directive you may choose carefully. It is important that you, as a person completing the Power of Attorney, be fully informed as to its meaning and implications.

To my family, doctors and others concerned with my care and financial welfare.

A. I, _____, being of sound mind, hereby make known my instructions for future health care and financial matters in the event that for reasons due to physical or mental incapacity, I am unable to participate in decisions regarding my welfare.

B. Please initial the statement or statements with which you agree:
(Select #1 or #2, but not both)

1. _____ I direct that all medically appropriate measures be provided to sustain my life, regardless of my physical or mental conditions.

2. _____ If I experience extreme mental or physical deterioration such that there is no reasonable expectation of recovery or regaining a meaningful quality of life, the life-prolonging measures should not be initiated or if they have been, they should be discontinued. Those life-sustaining procedures or treatments that may be withheld or withdrawn include but are not limited to cardiac resuscitation, respiratory support (ventilator) and artificially administered fluids and nutrition.

3. _____ I direct that I be given appropriate medical care to alleviate pain and keep me comfortable.

C. Additional comments or instructions:

_____

_____

_____

_____

D. _____ I authorize my Power of Attorney to do anything necessary and proper to pay all debts incurred by me or on my behalf, or any evidence of any debt or obligation that I may incur or which may be incurred on my behalf or for my benefit, and to do all things necessary and proper to satisfy and discharge any and all such debts or obligations, to enter into any contract whatsoever including but not limited to contracts or agreements with medical doctors, nurses, hospitals and any medical institution such as nursing homes or other institutions, and to pay any and all bills that I may incur as a result of such contracts and/or agreements.

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 15 – DURABLE POWER OF ATTORNEY FOR MEDICAL CARE AND FINANCIAL MATTERS

D. **Designation of a Representative** - I hereby designate:

_____ _____
Name Relationship

_____
Street

_____ _____ _____
City State Zip Code

…as my health care and financial representative to make decisions about accepting, refusing or withdrawing treatment in accordance with my wishes as stated in this document. In the event my wishes are not clear, or a situation arises that I did not anticipate, my representative is authorized to make decisions in my best interest, based upon what is known of my wishes.

D. **Alternative Representative** - If the person I have designated above is unable to act as my health care representative, I hereby designate the following person(s) to do so:

_____ _____
Name Relationship

_____
Street

_____ _____ _____
City State Zip Code

D. I have discussed my wishes with these persons and trust their judgment on my behalf. I understand the purpose and effect of this document, and I sign it knowingly, voluntarily and after careful deliberation.

This Power of Attorney takes effect regardless of disability and shall not be affected by my disability and in the event of my disability or mental incapacitation, shall continue in full force and effect.

_____ _____
Signature Date

_____ _____
Date of Birth Social Security Number

_____ _____
Witness Date

_____ _____ _____
City State Zip Code

NOTARY WITNESS:
SWORN AND SUBSCRIBED TO ME ON THIS

_____ DAY OF _____ Year of _____.

_____

NOTARY PUBLIC SIGNATURE **(AFFIX SEAL)**

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

PART 16 – CERTIFICATION

I _____ (please print full name) do solemnly affirm that all questions asked and all statements by me on this application are true. I affirm that, because of physical disability, I am unable to continue living in my home. I agree to accept transfer to any health care facility, or to my home, if in the opinion of the staff such transfer is required.

I have provided all information regarding my assets, indebtedness, and income (including that related to my spouse) and affirm that the information is complete and correct. I understand that misrepresentation of my financial status may result in discharge from the New Jersey Veterans Memorial Home.

As a condition of my admission and continued stay at the New Jersey Veterans Memorial Home I must maintain primary and supplemental health insurance policies. I consent that if for any reason either or both of these policies are canceled, the facility may obtain health care insurances for me at my expense. It will be my responsibility (guardian or financially responsible agent) to incur all medical or medical related cost which include but are not limited to: physician services, transportation, consultation services, hospitalization, diagnostic services, pharmaceuticals, and deductible fees not covered by medical insurances.

I agree to pay the maintenance charges and to inform the facility immediately of any changes in my financial circumstances that may affect my fee. I understand that, although my estate and I remain obligated to pay the actual cost of services, the amount of periodic payments may be reduced depending on the amount of my income and assets. If a trust or transfer of assets occurs within 36 months of application, I will be responsible to pay the actual cost of services.

I understand that the professional staff at the facility shall have the right to deny admission if, in their opinion, my needs cannot be adequately met at the facility.

At the time of death, a Surrogates Order will be required for release of my personal belongings with the exception of my clothing which will be released to the individual I have designated as the person of contact. All accounts will be held for 30 days for processing and closing.

I authorize the New Jersey Veterans Memorial Home to apply for any financial benefits to which I may be entitled and approve that all sources of income, to include Social Security, will be considered when determining my care and maintenance fee. I agree to abide by all rules and regulations governing the facility.

NOTARY SWORN AND SUBSCRIBED TO ME ON THIS

_____ Day of _____ ,Year of _____ _____
Applicant's Signature

_____ _____
Notary Public Signature Date

AFFIX SEAL

NOTE: If applicant is unable to sign this application, person signing for the applicant must indicate legal authority for signing, such as Power of Attorney, Court Order, Guardianship, etc.

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

"WORK-SHEET" FOR APPLICANTS / FAMILIES
REQUIRED COPIES OF DOCUMENTS

- ☐ BIRTH CERTIFICATE / SOCIAL SECURITY CARD (see PART 1)
- ☐ VERIFICATION of MARRIAGE STATUS (see PART 1)
- ☐ DIVORCE DECREE / SEPARATION PAPERS (see PART 1)
- ☐ DEATH CERTIFICATE (see PARTS 1 and 3)
- ☐ MILITARY RECORDS (DD 214) (see PART 2)
- ☐ VERIFICATION OF NEW JERSEY RESIDENCY (see PART 3)
- ☐ INSURANCE CARDS (see PART 5)

(Please be sure to copy the FRONT and BACK of ALL INSURANCE CARDS)

- ☐ MEDICARE CARD – PART A and B (see PART 5)
- ☐ MEDICARE PART D – PRESCRIPTION DRUG PLAN (PDP) AND I.D. #
- ☐ MEDICAID CARD (see PART 5)
- ☐ ADVANCE DIRECTIVE/ GUARDIAN / POWER OF ATTORNEY (PART 6)
- ☐ MEDICAL INFORMATION (see PARTS 4, 9, 10 and 11)
- ☐ FINANCIAL DOCUMENTS (see PART 12 and PART 14)
- ☐ FEDERAL INCOME TAX (PREVIOUS THREE YEARS) (see PART 12)
- ☐ STATE INCOME TAX (PREVIOUS THREE YEARS) (see PART 12)
- ☐ AFFIDAVIT REGARDING INCOME TAX (IF REQUIRED) (see PART 13)
- ☐ DURABLE POWER OF ATTORNEY (OPTIONAL) (see PART 15)

Revised 2006 – All previous forms obsolete

State of New Jersey

Department of Military and Veterans Affairs
Division of Veterans Healthcare Services
P.O. Box 340, Eggert Crossing Road
Trenton, New Jersey 08625-0340

Application for Admission
to a
New Jersey Veterans Memorial Home

Appendix A

New Jersey Administrative Code (N.J.A.C.) 5A: 5 - Chapter 5

CHAPTER 5

NEW JERSEY VETERANS' FACILITIES

Authority

P.L. 1988, c.444; N.J.S.A. 38A:3-2.2, 2b, 6(o), 6.4, 6.5, 6.6, 6.8, 6.9 and 6.12.

Source and Effective Date

R.2003 d.244, effective May 23, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).

Chapter Expiration Date

Chapter 5, New Jersey Veterans' Facilities, expires on May 23, 2008.

Chapter Historical Note

Chapter 5, New Jersey Veterans' Facilities, was adopted as R.1992 d.372, effective September 21, 1992. See: 24 N.J.R. 2499(b), 24 N.J.R. 3311(a). The expiration date of Chapter 5, New Jersey Veterans' Facilities, was extended by gubernatorial directive from September 21, 1997 to February 27, 1998. See: 29 N.J.R. 4287(b).

Pursuant to Executive Order No. 66(1978), Chapter 5, New Jersey Veterans' Facilities, was readopted as R.1998 d.3, effective November 26, 1997. See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).

Chapter 5, New Jersey Veterans' Facilities, was readopted as R.2003 d.244, effective May 23, 2003. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

5A:5-1.1 Purpose

The purpose of this chapter is to establish requirements for eligibility for admission, pre-admission screening, admission review and implementation, computation of the care maintenance fee for New Jersey veterans' facilities, and the basis for discharge or transfer from such facilities.

SUBCHAPTER 2. ELIGIBILITY CRITERIA

5A:5-2.1 Definitions

The words and terms, as used in this chapter, shall have the following meanings. All other words shall be given their ordinary meaning unless the content of their use clearly indicates otherwise.

"Accountable assets" means any item that has a determined value and is owned solely by the applicant or spouse, or owned jointly with spouse, jointly with others or jointly by the spouse and others, and must be spent down or liquidated and used toward payment of the resident's care and maintenance. IRAs and annuities are considered as accountable assets and will be treated as income.

"Admission" means the procedure for entering one of the New Jersey veterans' memorial facilities.

"Aid and attendance" means supplemental income provided by the U.S. Department of Veterans' Affairs for extended care services.

"Allied veterans" means those veterans of nations allied or associated in conflicts against an enemy of the United States during World War I or II. This is inclusive of members of the armed forces of Czechoslovakia or Poland. Allied veterans are required to have been a citizen of the United States for at least 10 years.

"Allowable deductions" means those approved items which will be subtracted from the gross income, including the personal needs allowance, when calculating care and maintenance fee.

"Asset determination" means an investigation and evaluation of the financial circumstances of a person applying for admission to a New Jersey veterans' memorial facility.

"Care and maintenance" means the actual cost of services for an individual in one of the New Jersey veterans' memorial facilities.

"Community spouse" means the married spouse of the individual who is residing in a New Jersey veterans' memorial facility.

"Conservatorship" means the appointment of a person by the court to manage the financial affairs of a conservatee. A "conservatee" is one who has not been judicially declared incompetent, but who by reason of advanced age, illness, or physical infirmity, is unable to care for or manage his or her property or who has become unable to provide for himself or herself or others dependent upon him or her for support.

"Dependent" means a child of the Veteran Home Resident who is under the age of 21 or a child of any age who is blind or totally and permanently disabled. In the event that the child does not have a determination from the Social Security Administration of blindness or disability, the blindness or disability shall be evaluated by the Disability Review Section of the Division of Medical Assistance and Health Services in accordance with the provisions of N.J.A.C. 10:71-3.13.

"Discharge" means the permanent removal from a New Jersey veterans' memorial facility.

"Durable power of attorney" means a designation and appointment of another in writing conveying specific powers to that attorney in fact and showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the disability or incapacity of the principal at law or later uncertainty as to whether the principal is dead or alive.

"Eligible others" as defined and listed in order of priority below will be admitted to a New Jersey veterans' memorial facility as long as the census of non veterans does not exceed 20 percent of the total population. Exceptions will be reviewed and approved by the Director, Veterans Healthcare Services on a case-by-case basis:

1. National Guard/Reserve Component retiree.

2. "Gold Star parent" means the mother or father of a person who was a resident of New Jersey at the time of service entry, and who died an honorable death in time of war or emergency while in the active military service of the United States, provided that the parent has been a resident of New Jersey for at least two years prior to the date of application.

3. "Surviving spouse" means the widow or widower of a person who died an honorable death while in the active military service of the United States, or who was a disabled veteran at the time of death, provided that the surviving spouse was the person's spouse at the time of the person's service or was married to the person not less than 10 years prior to the date of application and has not married since the person's death, and provided that the surviving spouse has been a resident of New Jersey for at least two years prior to the date of application.

4. "Spouse" means the person legally married with a valid marriage license that is in accord with New Jersey law to an individual who has been other than dishonorably discharged from the active military of the United States, provided that the spouse is not less than 50 years of age, has been married to such person for a period of not less than 10 years, and meets the New Jersey residency requirement as described in paragraph 1 of the definition of "veteran" below.

"Extraordinary expense deduction" means a financial deduction as a one time major excessive expense to maintain the basic household, medical or transportation needs.

"Gross income" means all income and/or revenue received by resident for a given period. Includes, but not limited to, funds received for labor or services, social security, pensions, aid and attendance, net rental income of property, and/or the proceeds of business or enterprises and investments not to include losses. Service connected disability compensation funds shall not be counted as gross income.

"Guardian" means a person who has been entrusted as the legal representative of one who has been adjudicated incompetent by a court of law and requires a legal representative to act on their behalf for all matters.

"Guardianship" means the process by which an individual is appointed the legal representative of another person who has been adjudicated incompetent by a court of law and requires a legal representative to act on their behalf for all matters.

"Indigent" means an impoverished, destitute or needy veteran.

"Irrevocable trust" means the funds set aside in a trust not to be recalled, revoked or annulled.

"Lien application" means a process initiated to obtain financial payment for all delinquent accounts for services received.

"Maximum allowable asset" means that all sources of accountable assets as defined above shall not exceed $20,000 for a single applicant or $45,000 for a married applicant.

"Medically needy applicants" means those individuals who cannot be maintained in the community because of the need for additional support and care to meet their physical, medical and psychosocial needs.

"Medicare" means a system of governmental insurance for providing medical and hospital care for the aged from Federal social security funds.

"National Guard/Reserve Component" means those members of the armed forces of the United States of America who have served credibly for 20 years or more, have been honorably discharged, and eligible for retirement pay. For purposes of admission criteria to a veterans memorial home, National Guard/Reserve Component retirees are considered veterans.

"Needy veteran" means an individual whose accountable assets and income do not exceed the maximum allowable assets as defined above.

"Net income" means the total gross income received, minus allowable deductions.

"Nonaccountable assets" means those items of determined value that are owned solely by the applicant or spouse, or owned jointly with spouse, jointly with others or jointly by the spouse and others and will not be spent down or liquidated and used toward payment of resident's care and maintenance. The following are considered non-accountable assets:

1. The primary residence and any appurtenance thereto. However, if the property is sold, and a portion or all of the proceeds from the sale are not reinvested in a primary residence, any income earned from the investment of any or all the proceeds will be counted as income.

2. All of the household effects therein; and

3. An automobile if there is a community spouse.

"Personal needs account" means an account maintained at the veterans' facility for deposit of the personal funds of the resident and which will be considered part of the accountable assets. This account shall be administered by the veterans' facility or treasurer of the State of New Jersey.

"Personal needs allowance" means a set amount received by a resident for individual use and spending. The personal needs allowance shall be as follows:

1. A resident whose source of monthly income exceeds $100.00 will retain a minimum of $100.00 for personal needs.

2. A resident whose source of monthly income does not exceed $100.00 will retain all of their monthly income.

3. A resident who has no source of funds will be provided a monthly allowance for personal needs of $50.00.

4. The welfare fee will be reduced to maintain the minimum of $100.00 for the resident's personal needs.

"Representative Payor" means a designated person or institution responsible for the payment of the resident's financial obligations.

"Resident" or "veterans' facility resident" means an individual residing in a New Jersey veterans' memorial facility.

"Resident fee" means the monthly charges billed by the veterans' facility to the resident for their cost of care and maintenance.

"Respite Care Program" means a short-term admission for veterans and eligible others to provide the caregiver a period of rest from providing healthcare services to the veteran in need. This program is established in accordance with the eligibility requirements, policies, and procedures for healthcare and respite care services.

"Spend down" means that which occurs when accountable assets exceed the maximum amount allowed and are liquidated and spent towards the actual care and maintenance cost. This process will continue as long as the accountable assets exceed the maximum amount allowed.

"Transfer" means the placement of a resident to a more suitable environment within the Department of Military and Veterans Affairs to meet individual needs.

"Veteran" means:

1. A person who has been other than dishonorably discharged from the active military service (90 days total active duty service, unless discharged early for service connected disability) of the United States and has been a resident of New Jersey for at least two years prior to the date of application;

2. A person who was a citizen of the State of New Jersey at the time of entrance into the active military service of the United States, and who is qualified for admission except for the required period of State residence. Preference shall be given to persons who have been residents of the State for a period of at least two years prior to application; or

3. A person who is not a citizen of the State of New Jersey and who is classified by the Federal Veterans Affairs Administration as Priority I, II, III, or catastrophic Priority IV.

"Veterans' facility" means any home, institution, hospital, or part thereof, the admission to which is under the jurisdiction of the Department of Military and Veterans' Affairs, being the facilities at Menlo Park, Paramus, Vineland, and such other veterans' facilities as may be developed.

"Welfare fund" means an account established at each facility pursuant to N.J.S.A. 38A:3-6.16 for the specific purpose of accepting monies that will be spent for and on behalf of residents' programs, special events and services. It is composed of interest, funds specifically donated, and from monies which have escheated to the welfare fund from the personal needs account of deceased residents leaving no will or next of kin. This fund will provide for and maintain a quality of life which might otherwise not be possible for the residents and shall be administered by the Adjutant General in accordance with the provisions of N.J.S.A. 38A:3-6.16.

"Working spouse" means the married spouse of an individual residing in a New Jersey veterans' memorial home who finds it necessary to continue employment to meet financial needs.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
Amended "Accountable assets", "Allowable deductions", "Care and maintenance", "Community Spouse", "Dependent", "Eligible others", "Needy veteran", "New resident", "Nonaccountable assets", "Personal needs account", "Personal needs allowance", "Veteran", and "Welfare fund"; added "Discharge", "Gross income", "Irrevocable trust", "Maximum allowable asset", "Medicare" and "Transfer"; and deleted "Income".
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In "Accountable assets", added the last sentence; added "Allied veterans", "Extraordinary expense deduction", "Indigent", "Lien application", "National Guard/Reserve Component", "Respite Care Program" and "Working spouse"; in "Eligible others", rewrote 3i and added 3iii through 3iv.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
In definition "Eligible others" substituted "20" for "five" and inserted "by the Director, Veterans Healthcare Services" in the introductory paragraph, inserted present 1, recodified 1 through 3 as 2 through 4, deleted "Spousal priority is as follows:" from the end of 4 and deleted 4i through 4iv; in definition "Maximum allowable asset", substituted "$20,000" for "$15,000" and "$45,000" for "$40,000"; added the last sentence in definition "National Guard/Reserve Component"; deleted definition "New resident"; substituted "healthcare and respite care services" for "long term and respite care services as defined in this chapter" in definition "Respite Care Program"; and in definition "Veteran", deleted "or" from end of 1, substituted "; or" for a period at end of 2 and inserted 3.

5A:5-2.2 Admission eligibility

(a) Eligibility for admission to the New Jersey veterans' memorial facilities is considered on financial and qualified medical needs. Veterans shall be given preference and non-veterans shall be admitted to a veterans facility as long as the census of non-veterans does not exceed 15 percent of the total population. The following individuals, in order of priority, are eligible for admission consideration:

1. A New Jersey needy veteran, being one who does not exceed the maximum accountable assets from all sources, but meets the New Jersey residency requirement as described in paragraph 1 of the definition of "veteran" in N.J.A.C. 5A:5-2.1.

2. A New Jersey veteran who exceeds the maximum allowable assets, who shall still be eligible for admission, but shall be required to pay the actual cost of care and maintenance.

3. A needy spouse of a New Jersey veteran who resides in a New Jersey veterans' memorial facility.

4. A spouse of a New Jersey veteran who resides in a New Jersey veterans' memorial facility, who exceeds the maximum allowable assets.

5. A needy spouse of a New Jersey veteran who does not reside in a New Jersey veterans' memorial facility.

6. A spouse of a New Jersey veteran who does not reside in a New Jersey veterans' memorial facility, who exceeds the maximum allowable assets.

7. Needy eligible others, as set forth in (a)7i through iii below whose accountable assets do not exceed the maximum allowable amount in this order:

i. Surviving spouse;

ii. Gold Star parent; and

iii. Gold Star widow, widower.

8. Eligible others, as set forth in (a)8i through iii below, whose assets exceed the maximum allowable amount, who are otherwise eligible for admission, but shall be required to pay the actual cost of care and maintenance in this order:

i. Surviving spouse;

ii. Gold Star parent; and

iii. Gold Star widow, widower.

9. A needy veteran, being one who does not exceed the maximum accountable assets from all sources, but does not meet the New Jersey residency requirement as described in paragraph 1 of the definition of "veteran" in N.J.A.C. 5A:5-2.1.

(b) The non-needy applicants in (a) above shall be defined by their financial assets.

(c) All accountable assets shall be spent down and liquidated and used to pay resident's actual care and maintenance until:

1. A single applicant's maximum allowable assets do not exceed $20,000 from all sources of accountable assets;

2. A married couple's maximum allowable assets do not exceed $45,000 from all sources of accountable assets.

(d) Admission eligibility is contingent upon a facility's ability to meet the applicant's individual health care needs which will be reviewed and determined by the Admission Committees of each facility and bed availability. The applicant shall also sign a statement that he or she will accept placement in the facility designated by the Adjutant General, that he or she understands all sources of income to include Social Security shall be considered when determining the care and maintenance fee, and that he or she will abide by the rules, regulations and discipline of the facility to which admitted. The obligation of such statement shall remain in effect as long as the resident remains on the census of one of the New Jersey veterans memorial facilities.

(e) The following shall be denied admission into a New Jersey veterans' memorial facility:

1. Applicants who require treatment beyond the facilities' ability to meet the applicants' individual health care and psychological needs;

2. Applicants who are active substance abusers, exhibit active psychiatric problems or exhibit behavioral actions which may pose a danger to self or others;

3. Applicants who refuse to sign the required statement of compliance under (d) above; and

4. A dependent child.

(f) An approved applicant may be subject to reevaluation in the following circumstances:

1. A more than six months lapse from the time of application, before admission;

2. A change in medical or psychological status; or

3. An omission of significant medical or financial information.

(g) Criteria for admitting applicants who are incapable of making decisions for themselves are as follows:

1. Any applicant who is adjudicated legally incompetent is required to have a legal guardian.

i. A copy of the guardianship document shall be submitted with the application prior to admission being scheduled.

2. Any applicant who has a conservatorship shall submit a copy of the document prior to admission being scheduled.

3. Any applicant who has a durable power of attorney for both medical and financial matters shall submit a copy of the document for guardianship criteria to be waived. The document shall be notarized, witnessed and signed by the applicant while competent.

4. In the absence of a durable advance directive or other legal documents, or the next of kin, the facility and its personnel shall act to preserve life when a resident is incapable of making decisions for themselves.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
Inserted new (a)3 and recodified (a)3 and 4 as (a)4 and 5; in (a)4, rewrote list of "Needy eligible others"; in (a)5 added list of "Eligible others"; deleted (e)1, recodified (e)2 and 3 as (e)1 and 2, and inserted new (e)3, inserted new (g)4.
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In (e), added a new 2 and recodified former 2 and 3 as 3 and 4.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
In (a), substituted "15" for "five" in the introductory paragraph, deleted former (a)2, recodified former (a)3 as (a)2 and inserted current (a)3 through (a)6, inserted "New Jersey" in (a)2; recodified former (a)4 and (a)5 as (a)7 and (a)8, rewrote (a)7 and (a)8 and inserted (a)9; substituted "$20,000" for "$15,000" in (c)1; and "$45,000" for "$40,000" in (c)2; and substituted "who are incapable of making decisions for themselves" for "with special needs" in the introductory paragraph of (g) and inserted "a" and "or next of kin," in (g)4.

SUBCHAPTER 3. PRE-ADMISSION SCREENING OF APPLICANTS

5A:5-3.1 Sequence of screening activities

(a) The admission to a veterans' memorial facility shall be conducted as follows:

1. To establish basic eligibility of all applicants, the following documentation and information reviews are required:

i. Service history:

(1) Proof of an other than dishonorable discharge; and

(2) A completed "Request Pertaining to Military Records" (Standard Form 180);

ii. Social history:

(1) A birth certificate;

(2) Marital status verification; and

(3) Verification of residency;

iii. Medical status:

(1) An application for Medical Benefits (VA 10-10EZ);

(A) Medicare Part A and B; and

(B) Other health insurances including supplemental;

(C) The coverages under (a)1iii(1)(A) and (B) above must be in effect at the time of admission if eligible and must remain in effect as long as the individual is a resident of one of the New Jersey veterans' memorial facilities. Eligible residents who do not maintain Medicare Part A and B and other supplemental health insurance shall not be allowed any medical fee deductions against their care and maintenance fee and shall be responsible for all related fees, as long as they select not to maintain medical insurance. In the event that a resident does not have any source of income or assets, the facility shall pay for supplemental insurance if eligible for medical coverage.

(2) A Medical Certificate (VA 10-10EZ)

(3) A Veterans Administration Referral for Community Nursing Home Care (10-1204) applies only if the applicant is currently under VA care or in a nursing home under VA contract; and

(4) A Medical History Release Request;

iv. Financial eligibility:

(1) Assets will be reviewed and considered in determining financial eligibility;

(2) Non-accountable assets will not be considered in determining accountable assets;

(3) All financial transactions and transfer of resources, which have occurred within 36 months preceding the date of application, will be reviewed and considered as accountable assets;

(4) The value of all assets will be determined as of the date of application and revalued on the date of admission;

(5) Income from all sources shall be disclosed. Income shall be verified by submitting the most recent copy of the Federal and State income tax reports and other such documents as may be required; and

(6) A legal review shall be conducted of all irrevocable trusts;

v. Verification of admission eligibility as defined in N.J.A.C. 5A:5-2.1; and

vi. Other:

(1) Verification of funeral arrangements and responsible person;

(A) Prepaid burial fund allowance not to exceed a face value of $7,500;

(2) Submission of advance directives for health care, if desired by the applicant, such as:

(A) An advance directive;

(B) A proxy directive;

(C) An instruction directive;

(D) A combined directive;

(E) A durable power of attorney for financial and medical matters; and

(F) A living will; and

(3) Appointment of a representative payor, if desired by the applicant.

2. Applicants shall be eligible for admission consideration upon the completion of the documentation and information for the following:

i. Service history;

ii. Social history;

iii. Medical status;

iv. Financial eligibility; and

v. Admission eligibility.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
Inserted new (a)1iii(1)(C) and (a)1iv (6); in (a)1vi(1)(A) substituted "prepaid burial fund allowance" for "burial insurance" and "$7,500" for "$10,000": and inserted new (a)1vi(2)(E) and (F).

Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In (a), substituted "VA 10-10EZ" for "VA 10-10" in the introductory paragraph of 1iii(1) and for "VA 10-10m" in 1iii(2), and rewrote 1iv(6).
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Deleted the last sentence of (a)1iii(1)(C), which required a written request to be submitted to the Chief Executive Officer within 30 days after initial admission, deleted "; (A) This Requirement" from (a)1iii(3) and substituted "36" for "18" in (a)1iv(3).

SUBCHAPTER 4. ADMISSION REVIEW AND IMPLEMENTATION

5A:5-4.1 Admission review policy

(a) It is the policy of the New Jersey veterans' memorial facilities to have an admission committee review all completed and tentatively approved applications for appropriateness of placement. A tentatively approved application is one which has produced all required documents and meets admission and financial eligibility requirements. In addition to financial eligibility, the following areas will be considered in all applications for admission and may be grounds for rejection:

1. Medical and psychosocial needs;

2. Present medical condition;

3. Evaluation of medical acuity levels;

4. Treatments/care required to meet the applicant's individual health care and psychological needs;

5. An applicant's active participation in substance abuse that poses a present concern or a continuing problem; and

6. Whether an applicant poses danger to self or others.

(b) If the committee rejects an applicant, the facility will provide written notice of denial and the reason for denial within 14 days to the applicant or representative. The notice of denial issued the applicant shall reference the manner in which, and to whom, the denial may be appealed by written request to The Adjutant General or designee within 30 days of the facility's written notice of denial. The decision on the appeal will be considered the final agency action. The adverse decision appeal process is as follows:

1. In situations of medical need where the Admission Committee requires additional information, follow up evaluation or participation in various counseling programs, consideration will be given for placement on the waiting list, following completion and receipt of documentation requested and requirements of the Admission Committee.

2. Admission Committee requirements, in situations of denial and appeals, are to be referred to The Adjutant General or designee for consideration and follow up in accordance with (b) above. A copy of the Admission

Committee's denial letter is to be forwarded to the Director, Division of Veterans Healthcare Services.

3. When the Admission Committee requirements have been met, the applicant(s) awaiting guardianship or a final determination of an appeal process shall remain on the waiting list in the sequence effective the date the application was originally received, and in accordance with (c) below.

(c) Approved applicants will be placed on the waiting list. The waiting list process is as follows:

1. All completed applications with the required documentation will be timed and dated when received.

2. Once the applicant is approved for admission, his or her name will be placed on the bottom of the approved waiting list. An applicant, who is awaiting guardianship, or has an appeal pending for a notice of denial, will remain on the waiting list in sequence pending guardianship appointment or final determination of the appeal.

3. There will be no consideration for by-passing approved applicants on the waiting list except when bed availability is based on gender, veteran preference and treatment needs.

4. If an approved applicant refuses admission at the time offered, the applicant will be placed at the bottom of the waiting list.

5. The waiting list is a confidential document; numerical assignment will be provided when requested.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
In (a), deleted (a)2 and recodified (a)3 through 7 as (a)2 through 6; in (b), inserted language detailing limitations period for appeal of denied admission.
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In (a), rewrote 5; rewrote (b); in (c), rewrote 1 and 2 and deleted the second sentence in 4.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Deleted the designation for (b)1, recodified former (b)1i through (b)1iii as (b)1 through (b)3 and inserted "Admission Committee's" in the last sentence of current (b)2.

SUBCHAPTER 5. CARE MAINTENANCE FEE COMPUTATION

5A:5-5.1 General requirements for computing skilled nursing monthly resident fee

(a) The requirement for establishing a computation for the monthly fee is to ensure that individuals requesting admission to a State of New Jersey veterans' memorial facility pay a portion of the care and maintenance fee based on their monthly income and ability to pay, but not to exceed the established rate as set forth annually by The Adjutant General.

1. The recommended daily rate is to be forwarded to the Director, Division of Budget and Accounting, Department of Treasury for publication no later than November 10 of each year.

(b) At the time of admission and annually thereafter, based on a determined date, the computation of the monthly resident fee is calculated with the resident or representative payor. The calculation is determined by review of Federal and State income tax returns and all financial statements, income, inclusive of IRAs and annuities as accountable assets, as well as, any other financial transactions. This asset review will be required by May 15 with a return date no later than June 30 of each year. As of September 21, 1992, the resident fee will be based on 80 percent of the net income for all residents admitted thereafter. Those individuals residing in the facilities prior to September 21, 1992 or who were on the approved waiting list at that time, will have the resident fee based on 60 percent of the net income.

(c) The resident fee will be based on 80 percent of the net income, except for those admitted or on the approved waiting list prior to September 21, 1992, not to exceed the established monthly care rate set determined annually by the Adjutant General.

(d) Residents who sell their house or acquire additional financial assets following admission to the New Jersey veteran's memorial home are required to report these transactions during their annual asset review described in (b) above.

(e) The welfare fund is an account established at each facility pursuant to N.J.S.A. 38A:3-6.16. It is composed of funds specifically donated to the facility welfare fund, or monies, which have escheated to the Welfare Fund from the personal needs account of deceased residents, leaving no will or next of kin. This trust fund is to be utilized for the benefit and general welfare of the resident population of the institution as a whole. This fund shall provide for, and maintain, a quality of life which might otherwise not be possible for the residents and shall be administered by the Adjutant General in accordance with the provisions of N.J.S.A. 38A:3-6.16. Residents will be required to pay a monthly welfare fee of $20.00 or 12 percent of the balance of their monthly income, whichever is less, excluding all allowable deductions and the care maintenance fee payment. These monies will be deposited in the facility's welfare fund. The remainder of the net income will be returned to the resident for personal use.

(f) Payment for the resident fee is due the first of each month.

(g) At the time of admission, a resident will be assessed care and maintenance fees charges for that month prorated according to the date of admission.

(h) At the time of discharge, prepaid care and maintenance fees shall be rebated based upon proration of days.

(i) Yearly care and maintenance increases will be in accordance with established yearly Social Security rate increases.

(j) Care and maintenance fee accounts that become delinquent are referred to the Department of Treasury for lien application proceedings as defined in the Department of Treasury Policy and Procedure for Delinquent Accounts.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
Inserted new (a) explaining computation of monthly resident fee, recodified (a) through (f) as (b) through (g); in (d), defined how a welfare fund may be established and utilized; in (g), substituted " prepaid care and maintenance fees shall be rebated based upon proration of days" for "there will be no reimbursement to the resident of the resident's estate for prepaid care and maintenance fees".
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In (a), added 1; in (b), rewrote the second sentence and added the third sentence; added a new (d) and recodified former (d) through (g) as (e) through (h); added (i) and (j).
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Section was "General requirements for computing monthly resident fee". Substituted "report these transactions during their annual asset review described in (b) above" for "retain 50 percent of the asset received for payment toward their care and maintenance fee" in (d).

5A:5-5.2 Formula for computing single resident's skilled nursing monthly resident fee based on an 80/20 percentage

(a) The monthly resident fee for a single 80/20 resident is based on the total gross income, minus allowable deductions. This figure is the net income. Eighty percent of the net income will be the resident fee charged. An additional $20.00 or 12 percent of the balance of their monthly income, whichever is less will be deposited in the welfare fund of the facility. The remainder of the net income will be deposited in the resident's personal needs account.

(b) The allowable deductions for a single resident are as follows:

1. The personal needs allowance;

2. Health insurance premiums;

3. Prepaid burial fund account: Fund allowances shall not exceed a face value of $7,500;

4. Court order encumbrances; and

5. Other expenses or other financial issues as may be individually approved by the Deputy Commissioner of the Department of Military and Veterans' Affairs or designee.

(c) Any interest or payment received from a trust transfer will be treated as income. Furthermore, in situations where a trust or transfer of assets has occurred within 18 months of submitting an admission application, the value of the trust and/or assets will be deemed an accountable asset for the balance of the 18 month period.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
In (b)3, deleted language referring to life insurance in lieu of prepaid burial accounts, inserted new (b)4 and recodified (b)4 as (b)5; and inserted new (c) explaining treatment of interest and payments received from a trust transfer.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Section was "Formula for computing single resident's monthly resident fee based on an 80/20 percentage".

5A:5-5.3 Formula for computing a married resident's skilled nursing monthly resident fee based on an 80/20 percentage

(a) The monthly resident fee for a married resident is based on the total personal income of the resident, minus allowable deductions. This figure is the net income. Eighty percent of the net income will be the resident fee charged. An additional $20.00 or 12 percent of the balance of their monthly income, whichever is less will be deposited in the welfare fund of the facility. The remainder of the net income will be deposited in the resident's personal needs account.

(b) The resident fee will be based solely on the applicant's income.

(c) Additional income received by a working spouse, following admission of the veteran, will remain as income to the working spouse.

(d) The community spouse must divulge all sources of their monthly income in order to file for consideration of allowable deductions. Allowable deductions will be offset by the community spouse's monthly income before the applicant's monthly income will be considered. In the event that each individual of the marriage is a resident, the resident fee for each will be calculated as for a single resident. Failure to make a full and complete disclosure will constitute a breach of the facility regulations and may be grounds for removal as provided for in N.J.S.A. 38A:3-6.9.

(e) The allowable deductions for a married resident are as follows:

1. Personal needs allowance;

2. Health insurance premiums;

i. The actual cost of Medicare A and B with Medi Gap coverage;

3. Court order encumbrances;

4. Rent/primary residence first mortgage or home equity loan: The mortgage/home equity loan must have been in effect 18 months prior to the date of application. Verification of mortgage/home equity loan payment schedule is required. The actual cost of property taxes and insurance for the primary residence will be deducted equally over the 12-month period. Verification shall be required;

5. Food deductions shall be $270.00 for the community spouse and $185.00 per additional dependent per month;

6. Heat/electric deduction shall be based on preceding year usage and cost. The deduction will be divided equally over the 12 month period;

7. Water/sewage deduction shall be the actual annual cost. The deduction will be divided equally over the 12 month period;

8. Automobile/transportation deduction shall be $240.00 per month, utilized for car maintenance, not for car purchase payments;

9. Clothing deduction shall be $60.00 per month per dependent;

10. Telephone/television service deduction shall be $40.00 per month;

11. Trash disposal deduction shall be the actual annual cost. The deduction will be divided equally over the 12-month period;

12. Home maintenance deduction shall be $90.00 per month;

13. Prepaid burial fund accounts: Fund allowances shall not exceed a face value of $7,500. This deduction can be considered for both the applicant and spouse with verification of payment schedule. If a prepaid burial fund account is not in effect, then a maximum burial account not to exceed a face value of $7,500 is to be purchased upon admission and shall be considered an allowable deduction to be divided equally over 24 months;

14. Guardianship/advance directives: The actual cost of legal fees up to a maximum of $2,400 may be deducted. This deduction will be divided into 24 monthly installments, which will only be permitted as long as the resident resides in the veterans' memorial facility. This deduction will only be approved for a guardianship hearing/advance directive protocol which was processed no later than one year prior to the date of application. Verification of cost and date of action shall be required; and

15. Other extraordinary expenses or other financial issues as may be individually approved by the Deputy Commissioner of the Department of Military and Veterans' Affairs or designee.

(f) No deduction beyond the approved listing shall be permitted until all accountable assets, to include the personal needs account, are depleted.

(g) Any interest or payment received from a trust transfer will be treated as income. Furthermore, in situations where a trust or transfer of assets has occurred within 18 months of submitting an admission application, the value of the trust and/or assets will be deemed an accountable asset for the balance of the 18 month period.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).

Inserted new (d)3 and recodified (d)3 through (d)14 as (d)4 through (d)15; in (d)5, 8, 12, and 13 amended the amount of deductions for services; in (d)13, deleted language referring to life insurance in lieu of prepaid burial accounts and added language concerning mandatory purchase of burial insurance; and inserted (g) regarding interest as income.
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).

Added a new (c) and recodified former (c) as (d); recodified former (d) as (e), added 2i and rewrote 8; recodified former (e) and (f) as (f) and (g).
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).

Section was "Formula for computing a married resident's monthly resident fee based on an 80/20 percentage". Substituted "The actual cost of" for "Maximum allowable of $150.00 per month as requirement for" in (e)2i, in (e)4, inserted "or home equity loan" and inserted "/home equity loan" two times and substituted "18" for "30" in (e)5, substituted "$270.00" for "$225.00" and "$185.00" for "$155.00", substituted "$240.00" for "$200.00" in (e)8 and "$60.00" for "$50.00" in (e)9, in (e)10, inserted "/television service" and substituted "$40.00" for "($25.00)" and substituted "$90.00" for "$75.00" in (e)12.

5A:5-5.4 Financial responsibilities for veterans' skilled nursing facility resident

(a) An eligible applicant who desires admission and whose assets are in excess of the maximum allowable assets may be admitted on a bed available basis. They will be billed for and required to pay the cost of care and maintenance as determined by the Adjutant General until their resources meet the maximum allowable assets.

(b) When an account exceeds the maximum allowable assets, the resident will be billed and required to pay the cost of care and maintenance until the maximum allowable asset limit is reached.

(c) The resident will be responsible for all financial obligations for services not provided by the facility. This includes, but is not limited to:

1. Transportation;

2. Medical appointments;

3. Hospitalization;

4. Specialized services/programs/treatments;

5. Adaptive equipment;

6. Diagnostic services;

7. Other outside services as requested by the resident;

8. Deductible fees not covered by medical insurances; and

9. Payment for pharmaceuticals to reimburse Medicaid as required.

(d) The facility will not accept responsibility for any nonpayment of debts incurred by a resident including health care costs.

(e) All personal property of the resident is the responsibility of the resident or guardian. The facility assumes no

responsibility and will not reimburse a resident for loss or damage of personal items.

(f) Any resident who is transferred to an outside facility for any period of time is required to continue to pay the care and maintenance fee in order that placement in the facility be guaranteed.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
In (d), inserted new (d)9, requiring Medicaid reimbursement for pharmaceutical payments; and inserted new (g) explaining responsibility for payment in the event of a transfer to an outside facility.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Section was "Financial responsibilities for veterans' facility resident". Deleted (b) and recodified (c) through (g) as (b) through (f).

5A:5-5.5 General requirements for computing veterans' assisted living monthly resident fee

(a) The computation fee for care and maintenance for assisted living is determined in accordance with this chapter, except as in (b) below.

(b) The monthly resident fee for a married or single resident is 70/30 based on the total gross income, minus allowable deductions. This figure is the net income. Seventy percent of the net income will be the resident fee charged. An additional $20.00 or 12 percent of the balance of their monthly income, whichever is less, will be deposited in the welfare fund of the facility. The remainder of the net income will be deposited in the resident's personal needs account.

New Rule, R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).

SUBCHAPTER 6. RESIDENT TRANSFER OR DISCHARGE

5A:5-6.1 Transfer or discharge of a resident

(a) Any resident may be removed from a veterans' facility on being restored to an ability to promote his or her own support and welfare in the community, or for immorality, or for fraud or willful misrepresentation, or refusal to abide by the rules, regulations and discipline of the veterans' facility, as well as:

1. In an emergency, with notification of the resident's physician, next of kin or guardian;

2. For medical reasons or to protect the resident's welfare or the welfare of others;

3. For nonpayment of fees, in situations not prohibited by law. All endeavors will be implemented and utilized inclusive of lien application; or

4. Expiration of the resident.

(b) An approved transfer from one New Jersey veterans memorial facility to another shall not occur unless all financial obligations have been met. The resident or representative payor shall remain responsible for charges and financial obligations accrued up to and including the date of transfer.

(c) No further charges or financial obligations shall be accrued beginning with the day immediately following the date of discharge. The resident or representative payor shall remain responsible for financial obligations accrued up to and including the date of discharge.

Amended by R.1998 d.3, effective January 5, 1998.
See: 29 N.J.R. 4215(b), 30 N.J.R. 63(a).
Inserted new (b) and (c) explaining financial obligations in the event of a transfer to another veterans memorial facility.
Amended by R.2003 d.244, effective June 16, 2003.
See: 35 N.J.R. 62(a), 35 N.J.R. 2641(a).
In (a), added 3i.
Amended by R.2006 d.209, effective June 5, 2006.
See: 38 N.J.R. 1271(a), 38 N.J.R. 2418(b).
Substituted a period for a colon at the end of the first sentence of (a)3 and deleted the (a)3i designation.

State of New Jersey

Department of Military and Veterans Affairs
Division of Veterans Healthcare Services
P.O. Box 340, Eggert Crossing Road
Trenton, New Jersey 08625-0340

Application for Admission
to a
New Jersey Veterans Memorial Home

Appendix B

Notice of Information Practices – Resident's Privacy Rights

HIPAA Information

NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
NEW JERSEY VETERANS MEMORIAL HOMES

ACKNOWLEDGMENT OF RESIDENTS' PRIVACY RIGHTS

Applicant / Resident's Name_____
PLEASE PRINT NAME

I,_____, hereby acknowledge that I have been advised of the reasons for the solicitation and disclosure of personal **"Protected Health Information" ("PHI")** pursuant to the Privacy Act, Title 5 U.S.C. § 552a .

A. AUTHORITY. The authority for disclosure of PHI is 45 C.F.R. § 164.502(a). PHI may not be disclosed except with my consent or authorization or as explicitly permitted or required by the regulation.
B. PRINCIPAL PURPOSES. The principal purposes for disclosing PHI are (1) to the resident; (2) pursuant to a valid consent by the resident that meets the requirements of the above regulation to carry out treatment, payment or healthcare operations; (3) pursuant to a valid authorization of the resident that meets the requirements of the above regulation; (4) pursuant to an agreement under, or as otherwise permitted by the regulation, and as permitted by 45 C.F.R. § 164.502(a)(1); and (5) as required by 45 C.F.R. § 164.502(a)(2).
C. ROUTINE USES. PHI is required to be disclosed (1) to the resident who is the subject of the PHI when the individual requests it; and (2) to the Secretary of Health and Human Services when the Secretary is investigating a complaint or determining a covered entity's compliance with the regulation. PHI is permitted to be disclosed (3) to the resident him or herself; and, pursuant to valid consent or authorization of the resident (4) to carry out treatment, payment or healthcare operations; and (5) pursuant to an agreement under, or as otherwise permitted by, the regulation.

Signature:_____
[ ] Resident [ ] Legal Guardian [ ] Power of Attorney [ ] Next of Kin

Print Name: _____

Date: _____

APPLICANT: RETAIN /KEEP THE "NOTICE OF INFORMATION PRACTICES", RETURN THIS SIGNED ACKNOWLEDGEMENT FORM WITH YOUR APPLICATION FOR ADMISSION.

Admissions Officer: File **original** in Social Services section of medical chart
File **copy** in Admissions File

New Jersey Veterans Memorial Homes

NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Understanding Your Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health, mental and social history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that you actually received the services billed
- A tool in medical education
- A source of information for public health officials charged with improving the health of the regions they serve
- A tool to assess the appropriateness and quality of care you received
- A tool to improve the quality of healthcare and achieve better patient outcomes
- A source of information for certifying and regulatory agencies

Understanding What Is In Your Health Records And How Your Health Information Is Used Helps You To:

- Ensure its accuracy and completeness
- Understand who, what, where, why, and how others may access your health information
- Make an informed decision about authorizing disclosure to others
- Better understand the health information rights detailed below
- Better participate in the management of your own healthcare

Your Rights Under The Federal Privacy Standard:

Although your records are the physical property of the healthcare provider who completed them, you have certain rights with regard to the information contained therein. **You have the right to:**

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication not requiring an authorization communication request. The right to request restriction does not extend to uses or disclosures permitted or required under ξξ164.502(a)(2)(I) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction.

❖ Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.

❖ Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

❖ Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

❖ Information compiled in a reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

❖ **Protected Health Information (PHI)**, that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C ξ 263A, to the extent that the provision of access to the individual would be prohibited by law.

❖ Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These **"reviewable"** grounds for denial include:

❖ Licensed healthcare professionals have determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

❖ PHI makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.

❖ The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to said personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these **reviewable** grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

❖ If we grant access, we will tell you what, if anything, you have to do to get access.

(We Reserve The Right To Charge A Reasonable, Cost-Based Fee For Making Copies)

❖ Request amendment/correction of your health information. We do not have to grant the request if:

❖ We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record (s). If they amend or correct the record, we will put the corrected record in our records.

- The records are not available to you as discussed immediately above.
- The record is accurate and complete
- If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

❖ Obtain an accounting of **"non-routine"** uses and disclosures (those other than for treatment payment, and health care operations) to individuals regarding your protected health information.
We do not need to provide an accounting for:

- The facility directory or to persons involved in the individual's care or other notification purposes as provided in ξ 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).
- National safety or intelligence purposes under ξ 1640512(k))(2) (disclosures not requiring consent, authorization, or an opportunity to object.)
- Correctional institutions or law enforcement officials under 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
- That which occurred before April 14, 2003.
- We must provide the accounting within 60 days. The accounting must include:
  - Date of each disclosure.
  - Name and address of the organization or person who received the protected health information.
  - Brief description of the information disclosed.
  - Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.

  The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

  - Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on the authorization.

Our Responsibility Under The Federal Privacy Standard -

In addition to providing you your rights, as detailed above, the federal privacy standards requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How To Get More Information Or To Report A Problem:

If you have questions and/or would like additional information, you may contact the **Privacy Officer** at:
Menlo Park - (732) 452-4100 - Paramus – (201) 634-8200 - Vineland - (856) 405-4200

Examples Of Disclosures For Treatment, Payment, And Health Operations:

"We Will Use Your Health Information For Treatment"

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals, or subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

"We Will Use Your Health Information For Payment"

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

"We Will Use Your Health Information For Health Operations"

Examples: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business associates: We provide some services through contracts with business associates. Examples include certain diagnostic tests, rehabilitation services, transportation services and pharmacy services. When we use these services, we may disclose your health information to the business associate so they can perform the function (s) we have contracted with them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and/or veterans organizations for the purpose of providing you with the benefit of their volunteer services, and except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication With Family: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant in your care, or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, and you have consented to such research.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Marketing Continuity Of Care: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund-Raising: We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

Facility Activities: We may include your name, biography, birthday, picture or other information as part of our Resident Newsletter or Volunteer or Activities Program. Your name may be posted on a facility trip list for a trip you requested.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information as required by law or in response to a valid subpoena.

Health Oversight Agencies And Public Health Authorities: If a member of our work-force or a business associate believes, in good faith, that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and potentially endangered one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health and Senior Services, and other public health agencies.

The Department of Health and Senior Services (DHSS) and the Veterans Administration (VA):
Under the Privacy standards, we must disclose your health information to DHSS, and the Veterans Administration, as necessary for them to determine our compliance with State and Federal standards.

State of New Jersey

Department of Military and Veterans Affairs
Division of Veterans Healthcare Services
P.O. Box 340, Eggert Crossing Road
Trenton, New Jersey 08625-0340

Application for Admission
to a
New Jersey Veterans Memorial Home

Appendix C

Calculating Financial Costs
An Overview

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

NEW JERSEY VETERANS MEMORIAL HOMES

Calculating Financial Costs – An Overview

- The monthly resident care and maintenance fee is based on the person's monthly income and their ability to pay. (Please see Appendix A for the law and the details)

- The monthly resident care and maintenance fee is set annually by The Adjutant General (TAG) of the New Jersey Department of Military and Veterans Affairs (DMAVA) and is determined by the average costs encountered in running the three Homes.

- All financial transactions and transfer of resources, which have occurred within 36 months preceding the date of application, will be reviewed and considered as accountable assets.

- The value of all assets will be determined as of the date of application and revalued on the date of admission.

- Income from all sources shall be disclosed. Income shall be verified by submitting copies of the Federal and State income tax reports for the past three (3) years, as well as other financial documents from financial institutions.

- Applicants who exceed the maximum allowable assets will be required to pay the actual cost of care, which is:

  $159.00 per day (for 2006)
  Minus $ 63.40 per day reimbursement for veterans ONLY from the VA /Federal government
  Plus $ 20.00 per month Welfare Fund fee (12% of income but no more than $20/month)

- **Maximum Allowable Assets**:

  Single Applicants: Maximum allowable assets = $20,000

  Married Applicants: Maximum allowable assets = $45,000 per the couple

- Residents who are above the maximum allowable asset threshold will have to pay the full cost of care until they have "spent down" to the amounts stated above.

- At the time of admission and annually thereafter, the monthly resident fee is calculated with the resident or their representative, and is determined by a review of the Federal and State income tax returns, and all income, financial statements, and financial transactions.

- **IRA's** and **ANNUITIES** are considered accountable assets. (Please see Appendix A)

- **IRREVOCABLE TRUSTS** will be subjected to legal review.

- **HOME (Primary)** – not considered an asset for purposes of spend-down determination.

- **SECOND HOME** - Please note that a **second home IS** considered an asset, and the admission package should contain a recent assessment of the second home.

- Residents who **sell their house** or acquire additional financial assets following admission to a New Jersey Veterans' Memorial Home are required to report these transactions during their annual asset review as described in Chapter 5, 5A: 5-5.1(b). (See Appendix A)

- **STOCKS** are to be valued at current value at admission.

- **VETERANS BENEFITS** – Service Connected Disability benefits are not calculated as income. Aid and Attendance benefits are calculated as income.

- **DEDUCTIONS** must be verified with receipts, cancelled checks, statements or bills. You will be required to submit verification on or before the day of admission. The actual amounts of the expenses will be deducted, and will vary from family to family

HOW to CALCULATE the RESIDENT'S MONTHLY CARE and MAINTENANCE FEE:

Single Resident:

- The total gross monthly income, minus allowable deductions, equals the **net income**.

- 80% of the net income will be the resident's monthly care and maintenance fee.

- An additional $20 **or** 12% of the balance of the income (whichever is LESS) will be deposited in the **Welfare Fund** of the Veterans Memorial Home each month.

- **The Welfare Fund** means an account established at each Veterans Memorial Home for the benefit and general welfare of the resident population of the institution as a whole, on behalf of residents' programs, special events and services. This fund will provide for and maintain a quality of life, which might otherwise not be possible for the residents, and shall be administered by The Adjutant General (TAG).

- **Allowable Deductions for Single Residents:**

  1. Personal needs allowance - $100 per month
  2. Health insurance premiums – the actual cost
  3. Prepaid burial fund account, not to exceed $ 7,500
  4. Court-ordered encumbrances
  5. Other expenses as approved by the Deputy Commissioner

  PLEASE NOTE: Any interest or payment received from a trust transfer will be treated as income. In situations where a trust or transfer of assets has occurred within 18 months of submitting an admission application, the value of the trust and/or assets will be deemed an accountable asset for the balance of the 18-month period.

Married Resident:

- The total personal monthly income, minus allowable deductions, equals the **net income**.

- 80% of the net income will be the resident's monthly care and maintenance fee.

- An additional $20 **or** 12% of the balance of the income (whichever is LESS) will be deposited in the **Welfare Fund** of the Veterans Memorial Home each month.

- **The Welfare Fund** means an account established at each Veterans Memorial Home for the benefit and general welfare of the resident population of the institution as a whole, on behalf of residents' programs, special events and services. This fund will provide for and maintain a quality of life, which might otherwise not be possible for the residents, and shall be administered by The Adjutant General (TAG).

- The resident's care and maintenance fee will be based solely on the applicant's income.

- Additional income received by a working spouse, following admission of the veteran, will remain as income to the working spouse.

- The "community spouse" must divulge all sources of their monthly income in order to file for consideration of allowable deductions. Allowable deductions will be offset by the community spouse's monthly income before the applicant's monthly income will be considered.

- In the event that each individual of the marriage is a resident, the resident fee for each will be calculated as for a single resident. Failure to make a full and complete disclosure will constitute a breach of the facility regulations and may be grounds for removal.

- **Allowable Deductions for Married Residents:**

    1. Personal needs allowance - $100 per month
    2. Health insurance premiums – the actual cost
    3. Court-ordered encumbrances
    4. Rent / primary residence first mortgage / home equity loan
    5. Food deduction - $270 per month/community spouse; $185/ additional dependent
    6. Heat / electric deduction – based on preceding year usage and cost
    7. Water / sewage deduction – the actual annual cost
    8. Automobile / transportation deduction - $ 240 per month for car maintenance
    9. Clothing deduction - $ 60 per month per dependent
    10. Telephone / television service deduction - $ 40 per month
    11. Trash disposal deduction – the actual annual cost
    12. Home maintenance deduction - $ 90 per month
    13. Prepaid burial fund account, not to exceed $ 7,500
    14. Guardianship / Advance Directives – the actual cost of legal fees up to a maximum of $2,400 (Please see Appendix A - Chapter 5, for details)
    15. Other extraordinary expenses or other financial issues as approved by the Deputy Commissioner

Married Residents (continued):

16. No deduction beyond the approved listing shall be permitted until all accountable assets, to include the personal needs account, are depleted.

PLEASE NOTE: Any interest or payment received from a trust transfer will be treated as income. In situations where a trust or transfer of assets has occurred within 18 months of submitting an admission application, the value of the trust and/or assets will be deemed an accountable asset for the balance of the 18-month period.

Other Financial Obligations for Residents:

The resident will be responsible for all financial obligations for services not provided by the Veterans Memorial Home. This includes, but is not limited to:

- Transportation
- Medical appointments
- Hospitalization
- Specialized services/ programs/ treatments
- Adaptive equipment
- Diagnostic services
- Other outside services as requested by the resident
- Deductible fees not covered by medical insurance(s)
- Payment for pharmaceuticals to reimburse Medicaid as required

Please Note: This section, **"Appendix C – Calculating Financial Costs – An Overview"**, is only a ***brief outline*** to assist you in understanding how the monthly resident care and maintenance fee is calculated.

Please see **"Appendix A – New Jersey Administrative Code (N.J.A.C.) 5A: 5 – Chapter 5"**, for **full legal definitions**, details and descriptions of the requirements for eligibility for admission, pre-admission screening, admission review and implementation, computation of the monthly resident care and maintenance fee, and the basis for discharge or transfer from a New Jersey Veterans Memorial Home.

Thank you.